IN THE UNITED STATES BANRUPTCY COURT DISTRICT OF PUERTO RICO

IN RĘ:	*	. CASE: 19-05336 MCF
	*	
JOHANNA CARRERAS FIGUEROA		
OSVALDO MOREL GONZALEZ	*	
	*	CHAPTER 13
Debtor (s)	*	

MOTION SUBMITTING DOCUMENTS

TO THE HONORABLE COURT:

COMES NOW debtors through their legal representation and very respectfully states as follows:

- That debtor filed for relief under 11 U.S.C. Chapter 13 of the Bankruptcy Code on September 18th, 2019 and joint debtor filed for relief under 11 U.S.C. Chapter 13 of the Bankruptcy Code on November 6th, 2019. Cases were consolidated on December 6th, 2019.
- 2. Debtors are submitting:
 - a) Amended Schedules A/B, D, E/F, G, H, I & J.
 - b) Amended Declaration About an Individual Debtor's Schedules.
 - c) Amended Statement of Financial Affairs.
 - d) Amended Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period.
- 3. Attached to this notice, debtors respectfully submit all the documents stated above.

RESPECTFULLY SUBMITTED.

I HEREBY CERTIFY: On this same date I have filed this motion electronically with the Clerk of the Court using CM/ECF systems which will send notification of such to the Chapter 13 Trustee and that we have sent copy of this document through regular mail to all non CM/ECF participants interested parties to their address of record.

In Juncos, Puerto Rico this 12th day of February of 2020.

ADELA L TORRUELLA LAW OFFICE, PSC PO BOX 4040 SUITE 305 JUNCOS, PR 00777 Tel: (787)713-1892 *Fax: (787)561-3601 adela4za@yahoo.com

ELECTRONICALLY FILED S/ Adela L Torruella, USDC- PR 200203

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Cou						DUSE OF FOUR BEDRO ING AND LIVING ROOM		ooms,
Cou							SOME TWO DATUE	
Cou					er information erty identifica	you wish to add about this ite tion number:	m, such as local	
Cou					At least one	of the debtors and another	(see instructions)	mmunity property
177	ounty				000101 2 0111	Debtor 2 only	— Chaok if this is so	mmunitus near-arts
La	as Piedras			Who	Debtor 1 only		a life estate), if known.	
								your ownership interest nancy by the entireties, o
City	у	State	ZIP Code			roperty	\$100,000.00	\$100,000.00
La	as Piedras	PR	00771-0000			d or mobile home	Current value of the entire property?	Current value of the portion you own?
					1.9	n or cooperative		
_	C-9 CALLE ATLANTA Street address, if available, or other description		Duplex or multi-unit building		the amount of any secured claims on Schedule Creditors Who Have Claims Secured by Prope			
	RB OLYMPIC			What	t is the proper Single-family	ly? Check all that apply home	Do not deduct secured of	slaims or exemptions. Put
■ Yes	s. Where is the pr	operty?						
□ No.	. Go to Part 2.							
000000000000000000000000000000000000000			W			, land, or similar property?		
-	every question. Describe Each R	esidence. Buil	ding, Land. or Oti	ner Real	I Estate You O	wn or Have an Interest In		
think it fit Informati	its best. Be as co ion. If more space	mplete and ac	curate as possible	e. If two	married peop	le are filing together, both are he top of any additional page:	equally responsible for s	upplying correct
	edule A			ın assel	t only once. If	an asset fits in more than one	category, list the asset i	12/15 n the category where you
	ial Form		- martir					
	•	-02	•			• 75,332,633		amended filing
Case nu	umber 19-05	336				_0		Check if this is a
United S	States Bankrupt	cy Court for th	ie: DISTRICT	OF PU	ERTO RICO			
(Spouse, it	13000V	VALDO MO	REL GONZAL Middle			Last Name		
Debtor 2		Name	RRERAS FIGI Middle		Α	Last Name		
Debtor 2	1 10	LIANINIA CA	DDEDAC FICE	IEDO				

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B

Schedule A/B: Property

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Debto Debto		OHANNA CARRERAS SVALDO MOREL GO		Case number (if known)	19-05336
. Ca	rs, vans,	trucks, tractors, sport	utility vehicles, motorcycles		
	No				
	/os				
	63				
3.1	Make:	TOYOTA	Who has an interest in the manage of a	Do not deduct secu	red claims or exemptions. Put
3.1		HIGHLANDER	Who has an interest in the property? Check one	the amount of any s	ecured claims on Schedule D:
	Model:		Debtor 1 only	Creattors who Hav	e Claims Secured by Property
	Year: '	2015	Debtor 2 only	Current value of the	
	• •	nate mileage:omation:	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Outer in	omation.	At least one of the debtors and another		
			Check if this is community property (see instructions)	\$20,192.	\$20,192.00
3.2	Make:	SUZUKI	Who has an interest in the property? Check one	Do not deduct secu	red claims or exemptions. Put
0.2		SX4	Debtor 1 only		ecured claims on Schedule D:
	Model:		<u> </u>	Creditors vvno Hav	e Claims Secured by Property
	Year:	2009	Debtor 2 only	Current value of the	
		nate mileage: ormation:	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other in	ormation:	At least one of the debtors and another		
			Check If this is community property (see instructions)	\$2,744	92,744.00
			you own for all of your entries from Part 2, including 2. Write that number here		\$22,936.00
Part 3	Descri	be Your Personal and Hou	sehold Items	L	
			itable interest in any of the following items?		Current value of the
		goods and furnishings			
	No		, ,		portion you own? Do not deduct secured claims or exemptions.
	Yes, De		, ,		Do not deduct secured
			, ,		Do not deduct secured
		Major appliances, furnitui	, ,		Do not deduct secured
		Major appliances, furnitui	, ,		Do not deduct secured claims or exemptions.
		Major appliances, furnitui scribe	re, linens, china, kitchenware		Do not deduct secured claims or exemptions.
		Major appliances, furnitui scribe	re, linens, china, kitchenware		Do not deduct secured claims or exemptions.
		Major appliances, furnitui scribe 3 BEDR	re, linens, china, kitchenware		Do not deduct secured claims or exemptions. \$600.00
		Major appliances, furnitui scribe 3 BEDR WASHIN LIVING I	DOM SET		\$600.00 \$200.00
		Major appliances, furnitures scribe 3 BEDRO WASHIN LIVING F	Te, linens, china, kitchenware DOM SET IG MACHINE ROOM SET		Do not deduct secured

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Debtor 1 Debtor 2		CARRERAS FIGUEROA MOREL GONZALEZ	Case number (if kno	оwл) 19-05336
	oles: Televisions a	and radios; audio, video, stereo, and digital e Il phones, cameras, media players, games	quipment; computers, printers, scanners; mu	sic collections; electronic devices
□ No				
■ Yes	Describe			
		1 TV SET		\$200.00
		• d figurines; paintings, prints, or other artwork; ions, memorabilia, collectibles	.; books, pictures, or other art objects; stamp,	. coin, or baseball card collections;
_	. Describe			
	ment for sports a oles: Sports, photo musical instr	ographic, exercise, and other hobby equipme	ent; bicycles, pool tables, golf clubs, skis; can	oes and kayaks; carpentry tools;
_	. Describe			
10. Fireaı Exan ■ No		es, shotguns, ammunition, and related equipr	nent	
☐ Yes	. Describe			
□ No		lothes, furs, leather coats, designer wear, sh	oes, accessories	
		CLOTHING		\$650.00
□ No			wedding rings, heirloom jewelry, watches, ger	
		JEWELRY		\$150.00
Exan ■ No	farm animals nples: Dogs, cats,	birds, horses		
	s. Describe			
■ No			st, including any health aids you did not li	st .
⊔ Yes	s. Give specific in	tormation		
		e of all of your entries from Part 3, including the number here	ng any entries for pages you have attached	\$2,600.00
Part 4: D	escribe Your Fina	ncial Assets		
Do you o	own or have any	legal or equitable interest in any of the fo	llowing?	Current value of the

Current value of the portion you own?
Do not deduct secured claims or exemptions.

Official Form 106A/B

Schedule A/B: Property

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	ebtor 1 ebtor 2			AS FIGUEROA GONZALEZ		Case number (if known)	19-05336
16.	■ No	5400		our wallet, in your home	5436 1539	on hand when you file your petiti	on
17.	Examp		g, <mark>saving</mark> s, o		s; certificates of deposit; sh th the same institution, list e	nares in credit unions, brokerage l ach.	nouses, and other similar
	□ No ■ Yes	*		•	Institution name:	•	•
			17.1,	DIRECT DEPOSIT	COOP A/C LAS PIE	DRAS	\$0.00
			17.2.	SHARES	AEELA		\$459.94
18.	Bonds,	, mutual fun oles: Bond fur	ds, or public	ely traded stocks ent accounts with broker	rage firms, money market a	ccounts	
	■ No □ Yes			Institution or issuer name	ne:		
19	Non-pu		d stock and	interests in incorpora	ted and unincorporated be	usinesses, including an interes	it in an LLC, partnership, and
	■ No						
	☐ Yes,	Give specific		about them me of entity:		% of ownership:	
20	Negoti Non-ne	able instrume	ents include	personal checks, cashie	ble and non-negotiable in: rs' checks, promissory note er to someone by signing o	s, and money orders.	
	■ No						
	∐ Yes.	Give specific		about them uer name:			
21	Examp	n ent or pens ples: Interests	sion accoun s in IRA, ERI	ts SA, Keogh, 401(k), 403(b), thrift savings accounts,	or other pension or profit-sharing	plans
	■ No						
	⊔ Yes.	List each acc		ely. of account:	Institution name:		
22	Your s		used deposi	ts you have made so tha	at you may continue service lic utilities (electric, gas, wa	or use from a company ater), telecommunications compar	nies, or others
	■ No □ Yes.				Institution name or indiv	vidual:	
23	Annuit	ies (A contra	ct for a perio	dic payment of money to	o you, either for life or for a	number of years)	
	☐ Yes		Issuer nan	ne and description.			
24				n an account in a qual and 529(b)(1).	ified ABLE program, or ur	nder a qualified state tuition pro	ogram.
	Yes		Institution	name and description. S	separately file the records of	f any interests.11 U.S.C. § 521(c)	: **
25	. Trusts,	, equitable o	r future inte	rests in property (othe	er than anything listed in li	ine 1), and rights or powers exe	ercisable for your benefit
	_	Give specific	c information	about them			

Official Form 106A/B

Schedule A/B: Property

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	abtor 1 JOHANNA CARRERAS abtor 2 OSVALDO MOREL GON		Case number (if known)	19-05336
26.	Patents, copyrights, trademarks, tra Examples: Internet domain names, w			
	Yes. Give specific information abou	ut them		
27.	Licenses, franchises, and other ger Examples: Building permits, exclusive No		ation holdings, liquor licenses, professional licens	es
	☐ Yes. Give specific information abou	it them	•	•
M	oney or property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed to you ■ No			
		t them, including whether you	already filed the returns and the tax years	
20	For the second			
29.	Family support Examples: Past due or lump sum alin ■ No	nony, spousal support, child si	upport, maintenance, divorce settlement, property	settlement
	Yes. Give specific information			
20	Other		2	
30.	benefits; unpaid loans you	nsurance payments, disability	benefits, sick pay, vacation pay, workers' compe	nsation, Social Security
	■ No □ Yes. Give specific information			
31.	_	surance; health savings accou	unt (HSA); credit, homeowner's, or renter's insura	nce
	■ No □ Yes. Name the insurance company			
	Compar	ny name:	Beneficiary:	Surrender or refund value:
32.	Any interest in property that is due If you are the beneficiary of a living tr someone has died. No	you from someone who has ust, expect proceeds from a lit	s died fe insurance policy, or are currently entitled to rec	eive property because
	Yes. Give specific information.			
		DECEASED GRANDPA KM 2.8 INT COLLORES CONCRETE HOUSE, FI BATH, KITCHEN AND D OF TWO BEDROOMS, C LIVING ROOM. VALUE:	ANT IN AN INHERITANCE (FROM RENTS) LOCATED AT LOT E, SR 924 WARD, HUMACAO, PR. TWO LEVEL RST LEVEL OF ONE BEDROOM, ONE DINING ROOM AND SECOND LEVEL ONE BATH, KITCHEN, DINING AND 80,000 / 4 (DEBTOR'S DECEASED INGS)= 20,000 / 5 (DEBTOR AND /)= 4,000	\$4,000.00
33.	Claims against third parties, wheth Examples: Accidents, employment di	er or not you have filed a lav sputes, insurance claims, or ri	vsuit or made a demand for payment ghts to sue	
	☐ Yes. Describe each claim			
34.	■ No	claims of every nature, inclu	iding counterclaims of the debtor and rights to	set off claims
Off	☐ Yes. Describe each claim icial Form 106A/B	Schedule A	/B; Property	page 5
Soft	ware Copyright (c) 1996-2019 Best Case, LLC - www	w.bestcase.com		Best Case Bankruptcy

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Debto Debto			Case number (if known)	19-05336
35. A r	ny financial assets you did not already list			
	Yes. Give specific information			
	Add the dollar value of all of your entries from Part 4, including for Part 4. Write that number here		es you have attached	\$4,459.94
Part 5:	Describe Any Business-Related Property You Own or Have an Intere	est In. List any real esta	te in Part 1.	·
	you own or have any legal or equitable interest in any business-relate	d property?		
III V	No. Go to Part 6.			
	es. Go to line 38.			
Part 6	Describe Any Farm- and Commercial Fishing-Related Property You of If you own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46. D e	o you own or have any legal or equitable interest in any farm-	or commercial fishin	g-related property?	
	No. Go to Part 7.			
	Yes. Go to line 47.			
Part 7	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
	o you have other property of any kind you did not already list? Examples: Season tickets, country club membership			
	No			
	Yes. Give specific information			
54.	Add the dollar value of all of your entries from Part 7. Write tha	nt number here		\$0.00
Part 6	List the Totals of Each Part of this Form			
55. I	Part 1: Total real estate, line 2	***************************************	*********	\$100,000.00
56. I	Part 2: Total vehicles, line 5	\$22,936.00		
57. I	Part 3: Total personal and household items, line 15	\$2,600.00		
58. I	Part 4: Total financial assets, line 36	\$4,459.94		
59. I	Part 5: Total business-related property, line 45	\$0.00		
60. I	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$29,995.94	Copy personal property to	otal \$29,995.94
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$129,995.94

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Fill in this informa	tion to identify your	case:				
Debtor 1	JOHANNA CARR	ERAS FIGUEROA				
	First Name	Middle Name L	ast Name		5	
Debtor 2	OSVALDO MORE	L GONZALEZ			15	
(Spouse if, filing)	First Name	The state of the s	ast Name		×1	
United States Bank	ruptcy Court for the:	DISTRICT OF PUERTO RICO			a	
Case number 19	-05336					
(if known)					■ Check	if this is an
•		•		•	amend	led filing
Official Form Schedule D		Who Have Claims S	ecured	by Propert	у	12/15
Be as complete and a is needed, copy the A number (if known).	ccurate as possible. If additional Page, fill it or	two married people are filing together, ut, number the entries, and attach it to t	both are equ his form. On	ally responsible for su the top of any additio	ipplying correct informa nal pages, write your na	tion. If more space me and case
, ,	ave claims secured by	vour property?				
-	•	s form to the court with your other sc	hedules Yo	u have nothing else t	o report on this form	
_	Il of the information b		ricaaios. To	o nave neaming else t	o report on this form.	
		eiow.				
Part 1: List All	Secured Claims			Catuma A	0.1	0.10
for each claim. If mor	e than one creditor has a	ore than one secured claim, list the credito a particular claim, list the other creditors in al order according to the creditor's name.		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 AEELA		Describe the property that secures the	claim:	\$1,837.89	\$459.94	\$1.377.95
Creditor's Name		SHARES: AEELA		<u> </u>		<u> </u>
PO BOX 36	4508	As of the date you file the stalm is at				
SAN JUAN,	PR	As of the date you file, the claim is: Che apply.	ick all that			
00936-4508		Contingent				
Number, Street, C	ity. State & Zip Code	Unliquidated				
		☐ Disputed				
Who owes the debt	? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only		☐ An agreement you made (such as mo	rtgage or secu	ired		
Debtor 2 only		car loan)				
Debtor 1 and Debt	tor 2 only	☐ Statutory lien (such as tax lien, mecha	nic's lien)			
At least one of the	debtors and another	☐ Judgment lien from a lawsuit				
Check if this clair community debt		Other (including a right to offset)				

Date debt was incurred

Last 4 digits of account number

8468

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Debtor 1 JOHANNA CARRERAS	FIGUEROA	Case number (if known)	19-05336	
First Name Middle N				
Debtor 2 OSVALDO MOREL GON				
First Name Middle N	Iame Last Name			
2.2 CRIM	Describe the property that secures the claim:	\$1,928.82	\$100,000.00	\$0.00
Creditor's Name	URB OLYMPIC VILLE C-9 CALLE	Ψ1, <u>320.02</u>	<u>Ψ100,000.00</u>	φυ.υυ_
	ATLANTA Las Piedras, PR 00771			
	Las Piedras County			
	CONCRETE HOUSE OF FOUR			
•	BEDROOMS, TWO BATHROOMS,			
	KITCHEN, DINING AND LIVING			
	ROOM.			
	DEBTOR ALSO HAS HOMESTEAD			
	DEED UNDER PR LAW NO. 195 OF			
70 70 % 40000	2011 ARTICLE 12. HOMES			
PO BOX 195387	As of the date you file, the claim is: Check all that	J		
SAN JUAN, PR	apply.			
00919-5387	☐ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or car loan)	secured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien))		
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a	Other (including a right to offset)			
community debt		1 1.00000		
Date debt was incurred	Last 4 digits of account number 882	8		
2.3 PENTAGON FEDERAL		\$10.000.1E	\$20 102 00	\$0.00
CREDIT UNION	Describe the property that secures the claim:	\$19,080.15	\$20,192.00	\$0.00
Creditor's Name	2015 TOYOTA HIGHLANDER			
DOV 4400				
BOX 1432	As of the date you file, the claim is: Check all that			
ALEXANDRIA, VA	apply.			
22313-2032	☐ Contingent			
Number, Street, City, State & Zip Code	Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or	secured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)		
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
Check if this claim relates to a community debt	Other (including a right to offset)	89		
	A control of the cont	_		
Date debt was incurred	Last 4 digits of account number 181			
Add the dollar value of your entries in (Column A on this page, Write that number here:	\$22,846	5.86	
If this is the last page of your form, add	I the dollar value totals from all pages.	\$22,846		
Write that number here:		Ψ22,04t		
Control Lint Others to De Notified (B-LATI-AW. At BUILD I			

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

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Fill in this infor	mation to identify your c	ase:			
Debtor 1	JOHANNA CARRE	RAS EIGHEROA	W		
200.0.	First Name	Middle Name	Last Name		
Debtor 2	OSVALDO MOREL	. GONZALEZ			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	DISTRICT OF PUERTO R	ICO		
Case number	19-05336				
(if known)	13-03030			.	Check if this is an
		•	• = 1 150		mended filing
		- 10		>:	
Official Forr					
Schedule E	E/F: Creditors W	ho Have Unsecur	ed Claims		12/15
Schedule D: Credi left. Attach the Cor name and case nu	tors Who Have Claims Secu ntinuation Page to this page	red by Property. If more space. If you have no information t	e is needed, copy the Part	itors with partially secured claims you need, fill it out, number the en e that Part. On the top of any addi	tries in the boxes on the
				···	
_	tors have priority unsecured	ciaims against you?			
No. Go to I	Part 2.				
Yes.					
Part 2: List A	All of Your NONPRIORITY	/ Unsecured Claims			
	tors have nonpriority unsec				
			with your other ashedules		
_	ave nothing to report in this pa	rt. Submit this form to the court	with your other schedules.		
Yes.					
unsecured cla	im, list the creditor separately	for each claim. For each claim	listed, identify what type of cla	ach claim. If a creditor has more tha aim it is. Do not fist claims already ind npriority unsecured claims fill out the	cluded in Part 1. If more
					Total claim
4.1 BANCO	O SANTANDER	Last 4 digits o	account number 8343		\$6,751.28
	ty Creditor's Name	Nillian Ala	d-late		
	X 362589 Ian. PR 00936	wnen was the	debt incurred?	1 To 10	-
	Street City State Zip Code	As of the date	you file, the claim is: Check	all that apply	
Who inc	urred the debt? Check one.				
Debto	or 1 only	☐ Contingent			
Debto	or 2 only	☐ Unliquidated	i		
Debto	or 1 and Debtor 2 only	☐ Disputed			
	st one of the debtors and ano		RIORITY unsecured claim:		
	k if this claim is for a comm		ns		
debt		<u> </u>	arising out of a separation ag	reement or divorce that you did not	
	aim subject to offset?	report as priorit	y claims	·	
■ No			nsion or profit-sharing plans,	and other similar debts	
☐ Yes		Other, Spec	ify CREDTI CARD		

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	or 1 JOHANNA CARRERAS FIGUEROA OSVALDO MOREL GONZALEZ	Case number (#known) 19-05336	
4.2	BANCO SANTANDER	Last 4 digits of account number 1000	\$3,003.92
	Nonpriority Creditor's Name PO BOX 362589 SAN JUAN, PR 00936	When was the debt incurred?	V0 ,000.02
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	D Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify DEFICIENCY	
4.3	BPPR	Last 4 digits of account number 0368	\$99,409.77
	Nonpriority Creditor's Name BANKRUPTCY DEPARTMENT PO BOX 366818 SAN JUAN, PR 00936-6818	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes	URB OLYMPIC VILLE C-9 CALLE ATLANTA Las Piedras, PR 00771 Las Piedras County CONCRETE HOUSE OF FOUR BEDROOMS, TWO BATHROOMS, KITCHEN, DINING AND LIVING ROOM.	
4.4	BPPR	Last 4 digits of account number 8828	\$6,000.00
	Nonpriority Creditor's Name BANKRUPTCY DEPARTMENT PO BOX 366818	When was the debt incurred?	
	SAN JUAN, PR 00936-6818 Number Street City State Zip Code Who Incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	Contingent	
	Debtor 2 only	□ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ At least one or the debtors and another ☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify CREDIT CARD	

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Debto	or 1 JOHANNA CARRERAS FIGUEROA OSVALDO MOREL GONZALEZ	Case number (if known) 19-05336	
4.5	BPPR	Last 4 digits of account number 2358	\$2,249.30
	Nonpriority Creditor's Name BANKRUPTCY DEPARTMENT PO BOX 366818	When was the debt incurred?	, , ,
	San Juan, PR 00936-6818 Number Street City State Zip Code Who Incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	2
	☐ Debtor 2 only	□ Unliquidated	•
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify CREDIT CARD	
4.6	HOSPITAL ORIENTE INC Nonpriority Creditor's Name	Last 4 digits of account number 9970 When was the debt incurred?	\$50.00
	PO BOX 699 HUMACAO, PR 00792		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only		
	Debtor 2 only		
	Debtor 1 and Debtor 2 only	☐ Unliquidated	
		☐ Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	☐ Student loans	
	☐ Check if this claim is for a community debt is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.7	PENTAGON FEDERAL CREDIT UNION	Last 4 digits of account number 2062	\$6,607.00
	Nonpriority Creditor's Name BOX 1432	When was the debt incurred?	
	ALEXANDRIA, VA 22313-2032 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify CREDIT CARD	

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6	Case number (if known) 19-05336	JOHANNA CARRERAS FIGUEROA OSVALDO MOREL GONZALEZ	Debtor 1 Debtor 2
\$500.00	Last 4 digits of account number 7774	PENTAGON FEDERAL CREDIT JNION	4.8 լ
	When was the debt incurred?	Ionpriority Creditor's Name 3OX 1432	E
	As of the date you file, the claim is: Check all that apply	ALEXANDRIA, VA 22313-2032 Jumber Street City State Zip Code	
	The date year that the blank of block at that apply	Who incurred the debt? Check one.	
	Contingent	Debtor 1 only	
	Unliquidated	Debtor 2 only	C
	☐ Disputed	Debtor 1 and Debtor 2 only	C
	Type of NONPRIORITY unsecured claim:	At least one of the debtors and another	1
	☐ Student loans	Check if this claim is for a community	[
not	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	lebt s the claim subject to offset?	
	Debts to pension or profit-sharing plans, and other similar debts	No	
	Other. Specify PERSONAL LOAN	Yes	
\$4,000.00	Last 4 digits of account number 8828	SCOTIABANK Ionpriority Creditor's Name	T-100
	When was the debt incurred?	PO BOX 362230 SAN JUAN, PR 00936	
	As of the date you file, the claim is: Check all that apply	lumber Street City State Zip Code Who incurred the debt? Check one.	
	Contingent	Debtor 1 only	
	☐ Unliquidated	Debtor 2 only	
	☐ Disputed	Debtor 1 and Debtor 2 only	
	Type of NONPRIORITY unsecured claim:	At least one of the debtors and another	
	☐ Student loans	☐ Check if this claim is for a community	[
rot	Obligations arising out of a separation agreement or divorce that you did not	lebt s the claim subject to offset?	_
	report as priority claims Debts to pension or profit-sharing plans, and other similar debts	No	_
	•	MIN	
	Other. Specify DEFICIENCY	Yes	
\$454.0	Last 4 digits of account number 0186	TOYS R US/SYNCHRONY BANK	4.1 0
	When was the debt incurred?	Nonpriority Creditor's Name PO BOX 965060 DRLANDO, FL 32896-5060	F
	As of the date you file, the claim is: Check all that apply	Number Street City State Zip Code Who incurred the debt? Check one.	1
	Contingent	Debtor 1 only	1
	Unliquidated	Debtor 2 only	[
	☐ Disputed	Debtor 1 and Debtor 2 only	(
	Type of NONPRIORITY unsecured claim:	At least one of the debtors and another	(
	☐ Student loans	☐ Check if this claim is for a community	Į.
not	Obligations arising out of a separation agreement or divorce that you did not	lebt	
	report as priority claims Debts to pension or profit-sharing plans, and other similar debts	s the claim subject to offset?	
		_	_
	Other, Specify CREDIT CARD	□ Yes	ı,

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, ilst the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 4 of 5

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Debtor 1 JOHANNA CARRERAS FIGUE OSVALDO MOREL GONZALE			19-05336				
CICA COLLECTION AGENCY, INC	Line 4.5 of (Check one):	Part 1: Creditors with Prior	ity Unsecured Claims				
PO BOX 12338 SAN JUAN, PR 00914-0338		Part 2: Creditors with Nonp	priority Unsecured Claims				
	Last 4 digits of account number						
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?					
KINUM INC	Line 4.6 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims					
770 LYNNHAVEN PKWY SUITE 160 VIRGINIA BEACH, VA 23452		Part 2: Creditors with Nonpriority Unsecured Claims .					
711101111A DEAG11, 7A 25752	Last 4 digits of account number						
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?					
MIDLAND CREDIT MANAGEMENT	Line 4.10 of (Check one):	Part 1: Creditors with Prior	ity Unsecured Claims				
INC 2365 NORTHSIDE DRIVE SUITE 300 SAN DIEGO, CA 92108		Part 2: Creditors with Nonp	priority Unsecured Claims				
	Last 4 digits of account number						

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
	6f.	Student loans	61.	\$ 0.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6 g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here	6i.	\$ 129,025.27
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 129,025.27

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Fill in this info	ormation to identify your	case:		
Debtor 1	JOHANNA CARR	ERAS FIGUEROA		
	First Name	Middle Name	Last Name	T-1
Debtor 2	OSVALDO MORE	L GONZALEZ		-:
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for the:	DISTRICT OF PUERTO RICO		
Case number	19-05336			
(if known)				■ Check if this is an
	•	•	•	amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with Name, Number.	whom you have th , Street, City, Stale and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.2	Name				
	Name				
	Number	Street			
- 1	City		State	ZIP Code	
2.3					
	Name				
	Number	Street	_		
	City		State	ZIP Code	
2.4					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			
	City		State	ZIP Code	

Fill in this in	formation to identify your	case:			
Debtor 1	JOHANNA CARR	RERAS FIGUEROA			
	First Name	Middle Name	Last Name		
Debtor 2	OSVALDO MORE	EL GONZALEZ Middle Name	Last Mana		
(Spouse if, filing)	First Name	Miodie Name	Last Name		
United States	s Bankruptcy Court for the:	DISTRICT OF PUERTO	RICO	<u> </u>	
Case number	r 19-05336				
(if known)	13-03000				Check if this is an
	•	•	•	•	amended filing
					_
Official I	Form 106H				
Schedu	le H: Your Cod	ebtors			12/15
fill it out, and your name a	I number the entries in the nd case number (if known	boxes on the left. Attack). Answer every question	n the Additional Page t i.	to this page. On the top o	ded, copy the Additional Page, f any Additional Pages, write
1. Do yo	u have any codebtors? (If	you are tiling a joint case,	do not list either spouse	as a codeptor.	
■ No					
☐ Yes			**:		
				0.10	to the contract of the charles
	n the last 8 years, have yo California, Idaho, Louisiana				rates and territories include
•		, ,		,	
	to to line 3.				
☐ Yes. [Did your spouse, former spo	use, or legal equivalent liv	e with you at the time?		
					rith you. List the person shown
					creditor on Schedule D (Official hedule E/F, or Schedule G to fill
out Colu		i i ottii i oolii j, oi oonee	idie d (Omolai i omi i)	ouj. Ose ochedule b, oc	neddie Cit, or ocheddie o to ill
0	olumn 1: Your codebtor			Column O: The areadi	an to subserve you asso the debt
	me, Number, Street, City, State and Z	IP Code		Check all schedules t	tor to whom you owe the debt hat apply:
				_	
3.1				Schedule D, line	
Na	nme			☐ Schedule E/F, line	-
				☐ Schedule G, line	
	mber Street				
Cit	ly	State	ZIP Code		
				_	
3.2				Schedule D, line	<u> </u>
Na	ime			☐ Schedule E/F, line	
				☐ Schedule G, line	
	umber Street	Division	70.00		
Cit	ıy	State	ZIP Code		

Official Fo	orm 106l	13 income as of the following date:
(If known)		■ An amended filing □ A supplement showing postpetition chapter
Case number 19-05336	19-05336	Check if this is:
	ankruptcy Court for the: DISTRICT OF PUERTO RICO	
Debtor 2 (Spouse, if filing)	OSVALDO MOREL GONZALEZ	
Debtor 1	JOHANNA CARRERAS FIGUEROA	

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
If you have more than one job,	F	■ Employed	■ Employed
attach a separate page with information about additional	Employment status	□ Not employed	□ Not employed
employers.	Occupation	TECHNICIAN	MESSENGER
Include part-time, seasonal, or self-employed work.	Employer's name	HIMA SAN PABLO	AEELA
Occupation may include student or homemaker, if it applies.	Employer's address	APARTADO 4980 CAGUAS, PR 00726	PO BOX 364508 SAN JUAN, PR 00936-4508
	How long employed t	here? 7 MONTHS	3 YEARS

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 938.89 1,179.00 2. deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. 3. 0.00 +\$ 0.00 Calculate gross Income. Add line 2 + line 3. 4. 938.89 1,179.00

Debt Debt	tor 1 tor 2	JOHANNA CARRERAS FIGUEROA OSVALDO MOREL GONZALEZ		c	ase	number (if known)	19	-05336		
					For	r Debtor 1				
	Cop	y line 4 here	4.		\$_	938.89	\$	1,	179.00	- -
5.	List	all payroll deductions:								
•	5a.	Tax, Medicare, and Social Security deductions .	59		¢	06.96	4		00 20	
	5b.	Mandatory contributions for retirement plans			-					-
	5c.	Voluntary contributions for retirement plans	5c.		٠ _		-			_
	5d.	Required repayments of retirement fund loans	5d.		\$		\$			_
	5e.	Insurance	5e.		\$	0.00	\$		0.00	_
	5f.	Domestic support obligations	5f.		\$	0.00	\$;	0.00	_
	5g.	Union dues	5g.		\$_	0.00	\$	i	0.00	_
	5h.	Other deductions. Specify: HUMANA INSURANCE	_ 5h.			0.00	+ \$	í	55.00	_
		AHORROS AEELA	_			0.00				_
		UNION	_							_
		SEGURO INCAPACIDAD RETIRO	_		٠.		-			and the same of th
		AEELA PARKING			-					_
		APORT RET PAY AS YOU GO	_							_
		DISABILITY	_		_	2.82	•		0.00	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ _	99.68	\$	<u> </u>	310.90	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	5a. \$. 96.86 \$. 90.20 5b. \$ 0.00 \$ 0.00 5c. \$ 0.00 \$ 0.00 5d. \$ 0.00 \$ 0.00 5e. \$ 0.00 \$ 0.00 5f. \$ 0.00 \$ 0.00 5g. \$ 0.00 \$ 0.00 5h. \$							
	8a. 8b. 8c. 8d. 8e. 8f.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation	8b. 8c. 8d. 8e.		\$_ \$_ \$_ \$_	0.00 0.00 0.00 0.00	\$ \$		0.00 0.00 0.00	
	8g. 8h.	Other monthly income. Specify:			· -					_
	OI I.	Other monthly income. Specify.	_ OI I,	· T	Ψ_	0.00	+ 4	<u>'</u>	0.00	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	1	<u> </u>	315.00	3	.	0.0	0
10.		culate monthly income. Add line 7 + line 9. If the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.	Case rumber (if fanown) 19-05336							
11.	Incl oth Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a acify:	depe			•	·	in <i>Schedule</i>		0.00
12.	Wri	d the amount in the last column of line 10 to the amount in line 11. The res te that amount on the Summary of Schedules and Statistical Summary of Certai dies						it	- 1/-	
13.	Do	you expect an increase or decrease within the year after you file this form	?							
		No.								
		Yes. Explain:								

Fill in t	this information to identify yo	ur case:						
Debtor	JOHANNA C	ARRERA	S FIGUEROA		Ch	eck	if this is:	
						Ar	n amended filing	
Debtor	2 OSVALDO M	OREL GO	NZALEZ					ing postpetition chapter
(Spous	e, if filing)					13	3 expenses as of t	he following date:
United	States Bankruptcy Court for the:	DISTRIC	T OF PUERTO RICO			М.	M / DD / YYYY	- 75
Case n (If know	10 00000							
Offi	cial Form 106J							
Sch	nedule J: Your I	Exnen	SPS					12/
Be as inforn numb	complete and accurate as nation. If more space is never er (if known). Answer ever	possible. eded, attac y question	If two married people and the state of the s	e filing together, both form. On the top of a	n are ed ny addi	quali tion	y responsible fo al pages, write y	r supplying correct our name and case
Part 1	Describe Your House this a joint case?	hold						
_	No. Go to line 2.							
	Yes. Does Debtor 2 live i	n a canara	te household?					
_	_	ii a sepaia	te nousenoiu :					
	■ No □ Yes, Debtor 2 mus	t file Officia	il Form 106J-2, Expenses	for Separate Househo	old of De	ebtor	r 2 .	
2.	Do you have dependents?	□ No						
	Do not list Debter 1 and Debtor 2.	Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor 2		anda.	Dependent's age	Does dependent live with you?
	Do not state the dependents names			DAUGHTER			8MONTHS	□ No ■ Yes
				DAUGHTER			2	□ No ■ Yes
								□ No
								☐ Yes
								□ No
				<u></u>				☐ Yes
•	Do your expenses include expenses of people other to ourself and your depende		No Yes					
exper	nate your expenses as of yourses as of a date after the l	our bankru	ptcy filing date unless y					
applic	cable date.							
the va	de expenses paid for with i alue of such assistance and ial Form 106l.)						Your expe	enses
(******	***				800			
	The rental or home owners payments and any rent for the			nclude first mortgage	4.	\$		0.00
I	f not included in line 4:							
4	4a. Real estate taxes				4a.	\$		30.00
	4b. Property, homeowner's	s, or renter	s insurance		4b.			0.00
	4c. Home maintenance, re	556.5			4c.	\$		40.00
	4d. Homeowner's associat				4d.			65.00
5.	Additional mortgage payme	ents for yo	ur residence, such as ho	me equity loans	5.	\$		0.00

ebto ebto		Case number (if known)	19-05336
. 1	Utilities:		
	6a. Electricity, heat, natural gas	6a. \$	160.00
(6b. Water, sewer, garbage collection	6b. \$	80.00
1	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	50.00
1	6d. Other. Specify:	6d. \$	0.00
1	Food and housekeeping supplies	7. \$	457.31
	Childcare and children's education-costs	8. \$	-0.00
	Clothing, laundry, and dry cleaning	9. \$	100.00
) <u>. </u>	Personal care products and services	10. \$	40.00
	Medical and dental expenses	11. \$	40.00
. '	Transportation. Include gas, maintenance, bus or train fare.		
	Do not include car payments.	12. \$	200.00
	Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	50.00
. '	Charitable contributions and religious donations	14. \$	0.00
	Insurance.		
	Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a. \$	0.00
	15b. Health insurance	15b. \$	0.00
	15c. Vehicle insurance	15c. \$	0.00
	15d. Other insurance. Specify:	15d. \$	0.00
	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16. \$	0.00
	Installment or lease payments:	4.00	
	17a. Car payments for Vehicle 1	17a. \$	0.00
	17b. Car payments for Vehicle 2	17b. \$	0.00
	17c. Other. Specify:	17c. \$	0.00
	17d. Other. Specify:	17d. \$	0.00
	Your payments of alimony, maintenance, and support that you did not report deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 10	18. \$	0.00
	Other payments you make to support others who do not live with you.	\$	0.00
	Specify:	19.	
	Other real property expenses not included in lines 4 or 5 of this form or on 3		
	20a. Mortgages on other property	20a. \$	0.00
	20b. Real estate taxes	20b. \$	0.00
	20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
	20e. Homeowner's association or condominium dues	20e. \$	0.00
	Other: Specify: BARBER & BEAUTY EXPENSES	21. +\$	50.00
	LUNCHES AT WORK	+\$	120.00
_	BABY EXPENSES	+\$	100.00
	Calculate your monthly expenses		4 =00 04
	22a. Add lines 4 through 21.	\$	1,582.31
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106		
	22c. Add line 22a and 22b. The result is your monthly expenses.	\$	1,582.31
3.	Calculate your monthly net income.	<u></u>	
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	2,022.31
	23b. Copy your monthly expenses from line 22c above.	23b\$	1,582.31
			1,002.01
	 Subtract your monthly expenses from your monthly income. The result is your monthly net income. 	23c. \$	440.00
	Do you expect an increase or decrease in your expenses within the year aft For example, do you expect to finish paying for your car loan within the year or do you expect mortgage?		rease or decrease because of a
	No.		
	Yes. Explain here:		

Debtor 1	JOHANNA CARR	ERAS FIGUEROA		
	First Name	Middle Name	Last Name	
Debtor 2	OSVALDO MORE	L GONZALEZ		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF PUERTO RICO	•	•
Case number	19-05336			

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	Sign Below	
Did	you pay or agree to pay someone who is NOT an att	orney to help you fill out bankruptcy forms?
•	No	
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice Declaration, and Signature (Official Form 119
		Declaration, and digitalitie (Chician Citi 11)
that	ler penalty of perjury, I declare that I have read the su they are true and correct.	mmary and schedules filed with this declaration and
that X	they are true and correct. /s/ JOHANNA CARRERAS FIGUEROA	mmary and schedules filed with this declaration and X /s/ OSVALDO MOREL GONZALEZ
that X	they are true and correct.	mmary and schedules filed with this declaration and

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

	this information to identify you	case:			
Debto		RERAS FIGUEROA			
	First Name	Middle Name	Last Name		
Debto	or 2 OSVALDO MOR e if, filing) First Name	EL GONZALEZ Middle Name	Last Name		
MINE.	#1.50 *	ASS.			
United	d States Bankruptcy Court for the:	DISTRICT OF PUERTO R	ico		•
Case	number 19-05336				
(if know	n)			■ C	heck if this is an
				a	mended filing
~					
	cial Form 107	A 66			
Stat	ement of Financial	Affairs for Individ	uals Filing for B	ankruptcy	4/1
inform	complete and accurate as possination. If more space is needed, er (if known). Answer every que	attach a separate sheet to ti			
Part 1	Give Details About Your Ma	arital Status and Where You	Lived Before		
1. W	/hat is your current marital statu	ıs?			
	Married				
	Not married				
2. D	ouring the last 3 years, have you	lived anywhere other than w	here you live now?		
	No				
_	Yes, List all of the places you l	ived in the last 3 years. Do no	t include where you live now	_	
_	· · ·	·	•		
τ	Debtor 1 Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
	Vithin the last 8 years, did you en	ver live with a spouse or legalifornia, Idaho, Louisiana, Nev			
states	and territories include Anzona, Co				fisconsin.)
states					fisconsin.)
states ■ □	No Yes. Make sure you fill out Sci	hedule H: Your Codebtors (Off	icial Form 106H).		risconsin.)
-	No Yes. Make sure you fill out <i>Sci</i>		icial Form 106H).		risconsin.)
Part 2	No Yes. Make sure you fill out Science Explain the Sources of You id you have any income from er ill in the total amount of income you you are filing a joint case and you	ir Income mployment or from operating ou received from all jobs and al	g a business during this ye Il businesses, including part-	time activities.	
Part 2	No Yes. Make sure you fill out Science Explain the Sources of You bid you have any income from errill in the total amount of income you are filling a joint case and you ho	ir Income mployment or from operating ou received from all jobs and al	g a business during this ye Il businesses, including part-	time activities.	
Part 2	No Yes. Make sure you fill out Science Explain the Sources of You bid you have any income from errill in the total amount of income you are filling a joint case and you ho	nr Income mployment or from operating bu received from all jobs and all have income that you receive	g a business during this ye Il businesses, including part-	time activities. der Debtor 1.	
Part 2 4. D Fi	No Yes. Make sure you fill out Science Explain the Sources of You bid you have any income from errill in the total amount of income you are filling a joint case and you ho	nr Income mployment or from operating ou received from all jobs and all have income that you receive Debtor 1 Sources of income	g a business during this ye Il businesses, including part- together, list it only once ur Gross income (before deductions and	time activities. der Debtor 1. Debtor 2 Sources of income	ndar years? Gross income (before deductions

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Case:19-05336-MCF13 Doc#:23 Filed:02/12/20 Entered:02/12/20 16:05:46 Desc: Main Document Page 24 of 37

			ARRERAS	FIGUEROA NZALEZ	Case	e number (if known)	19-05336
				Debtor 1		Debtor 2	
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inco Check all that ap	
Fo (Ja	r last calen anuary 1 to	dar year: December	31, 2018)	■ Wages, commissions, bonuses, tips	\$395.00	■ Wages, commonuses, tips	nissions, \$7,929.00
		•		Operating a business	•	Operating a b	usiness ·
	r the calend anuary 1 to			■ Wages, commissions, bonuses, tips	\$26,200.00	■ Wages, commo	nissions, \$10,040.00
				☐ Operating a business		Operating a b	usiness
	and other winnings.	public bene If you are fili	fit payments; ing a joint cas the gross inco	pensions; rental income; inte se and you have income that		ted from lawsuits; ronly once under Deb	4.
Fre	om January	/ 1 of curre	nt year until	FOOD STAMPS	(before deductions and exclusions) \$2,520.00		and exclusions)
	e date you f						
	r last calen anuary 1 to		31, 2018)	FOOD STAMPS	\$3,780.00		
	or the calendary 1 to			FOOD STAMPS	\$3,780.00		
Pa	ert 3: List	Certain Pa	yments You	Made Before You Filed for	Bankruptcy	with a	
6.	Are either ☐ No.	Neither D	ebtor 1 nor ('s debts primarily consume Debtor 2 has primarily cons a personal, family, or househo	umer debts. Consumer debt	s are defined in 11 l	J.S.C. § 101(8) as "incurred by an
			•	•	lid you pay any creditor a tota	of \$6,825* or more	9?
		□ _{No.} □ _{Yes}	Go to line 7		old a total of \$6,925* or more i	in one or more paye	nents and the total amount you
			paid that co	editor. Do not include payme payments to an attorney for	nts for domestic support oblig	ations, such as chil	d support and alimony. Also, do
	Yes.	Debtor 1	or Debtor 2 o	or both have primarily cons	umer debts.		aujusunent.
		_			fid you pay any creditor a tota	ii vi \$500 Or More?	
		■ No.	Go to line				
		□ Yes	include pay		aid a total of \$600 or more and obligations, such as child sup		ou paid that creditor. Do not lso, do not include payments to an
	Creditor	's Name an	d Address	Dates of paym	ent Total amount	Amount you still owe	Was this payment for

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Case:19-05336-MCF13 Doc#:23 Filed:02/12/20 Entered:02/12/20 16:05:46 Desc: Main Document Page 25 of 37

	otor 1 otor 2	JOHANNA CARRERAS FIGUEROSVALDO MOREL GONZALEZ	OA .	Case	e number (#known)	19-05336	
7 .	<i>Inside</i> of whi	n 1 year before you filed for bankrupters include your relatives; any general pach you are an officer, director, person in iness you operate as a sole proprietor. 1 ny.	urtners; relatives of any ger control, or owner of 20% of	neral partners; partne or more of their voting	rships of which you securities; and ar	u are a general pa ly managing agen	t, including one for
	_	No Yes. List all payments to an insider.					
	Insid	er's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this	payment
3.	insid	n 1 year before you filed for bankrupt er? le payments on debts guaranteed or cos	100 100	ments or transfer a	ny property on ac	count of a debt	hat benefited an
		No					
		Yes. List all payments to an insider					
	insid	ler's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this Include creditor	
Par	t 4:	Identify Legal Actions, Repossession	ns, and Foreclosures				
, .	List al	n 1 year before you filed for bankrupt Il such matters, including personal injury ications, and contract disputes. No Yes, Fill in the details.					
		e title e number	Nature of the case	Court or agency		Status of the ca	ise
10.		n 1 year before you filed for bankrupt k all that apply and fill in the details belo		erty repossessed, fo	oreclosed, garnis	hed, attached, se	ized, or levied?
	_	No. Go to line 11. Yes. Fill in the information below.					
		iitor Name and Address	Describe the Property		Date		Value of the
			Explain what happene	d			property
11.	acco	n 90 days before you filed for bankru unts or refuse to make a payment bed No		cluding a bank or fin	ancial institution	, set off any amo	unts from your
		Yes. Fill in the details.					
	Cred	litor Name and Address	Describe the action th	e creditor took	Date taken	action was	Amount
12.		in 1 year before you filed for bankrupt t-appointed receiver, a custodian, or a		erty in the possessi	on of an assigne	e for the benefit (of creditors, a
	_	No Yes					
Par		List Certain Gifts and Contributions					
	9.00.5	in 2 years before you filed for bankrup	ntcv. did you give any gif	ts with a total value	of more than \$60	0 per person?	
	_	No	noy, ala you give ally giv			о рол ролоот.	
		Yes. Fill in the details for each gift.					
		s with a total value of more than \$600 person	Describe the gifts	3	Dates the g	s you gave ifts	Value
		son to Whom You Gave the Gift and ress:					

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

	otor 1 otor 2	JOHANNA CARRERAS FIGU OSVALDO MOREL GONZAL			Case number (if know	n) 19-05336	
14.		in 2 years before you filed for ban No			itions with a total valu	e of more than	\$600 to any charity?
		Yes. Fill in the details for each gift o					
	more Cha	s or contributions to charities that e than \$600 rity's Name ress (Number, Street, City, State and ZIP C		Describe what you contributed		es you itributed	Value
Par	t 6:	List Certain Losses	•	•	•		•
15.		in 1 year before you filed for bank imbling?	ruptcy o	r since you filed for bankruptcy, o	did you lose anything	because of the	ft, fire, other disaster,
		No					
		Yes. Fill in the details.					
		cribe the property you lost and the loss occurred	Includ	ribe any insurance coverage for t le the amount that insurance has pa ance claims on line 33 of <i>Schedule a</i>	id. List pending los	te of your s	Value of property lost
Par	t 7:	List Certain Payments or Transf	ers				
16.	cons	in 1 year before you filed for bank ulted about seeking bankruptcy o de any attorneys, bankruptcy petition	r prepari	ing a bankruptcy petition?	, ,		erty to anyone you
	_	No					
		Yes. Fill in the details.					
	Add Ema	son Who Was Paid Iress ail or website address son Who Made the Payment, if No	t You	Description and value of any patransferred		te payment transfer was de	Amount of payment
		ELA TORRUELLA		PRE-PETITION ATTORNEY	FEES 09	/18/2019	\$140.00
17.	Do no	in 1 year before you filed for bank nised to help you deal with your c ot include any payment or transfer th No Yes. Fill in the details.	reditors	or to make payments to your cred		nsfer any prope	erty to anyone who
		son Who Was Paid		Description and value of any p	property Da	te payment	Amount of
		iress		transferred		transfer was	payment
18.	trans Includinclud	in 2 years before you filed for bar eferred in the ordinary course of y de both outright transfers and transf de gifts and transfers that you have No Yes. Fill in the detalls.	r <mark>our busi</mark> ers made	ness or financial affairs? as security (such as the granting o		-	
		son Who Received Transfer tress		Description and value of property transferred	Describe any p payments rece paid in exchan	ived or debts	Date transfer was made
	Per	son's relationship to you			heir in evengi	3~	
19.		in 10 years before you filed for be eficiary? (These are often called as No			o a self-settled trust o	r similar device	of which you are a
		Yes. Fill in the details,					
	Nan	ne of trust		Description and value of the p	property transferred		Date Transfer was made
Offic	cial For	m 107	Statement	of Financial Affairs for Individuals Fil	ling for Bankruptcy		page 4

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Best Case Bankruptcy

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	otor 1 otor 2	JOHANNA CARRERAS FIGUERO OSVALDO MOREL GONZALEZ	DA		Case number (if known)	19-05336	
Par	t 8:	List of Certain Financial Accounts, In	struments, Safe Depo	sit Boxes, and Sto	rage Units		
20.	sold Inclu	nin 1 year before you filed for bankrupto , moved, or transferred? ude checking, savings, money market, ses, pension funds, cooperatives, asso No Yes. Fill in the details.	or other financial acco	unts; certificates o	of deposit; shares in I	•	
		me of Financial Institution and dress (Number, Street, City, State and ZIP e)	Last 4 digits of account number	Type of accour instrument	nt or Date accou closed, sol moved, or transferred	ld, before o	t balance losing or transfer
21.	•	ou now have, or did you have within 1 n, or other valuables?	year before you filed f	or bankruptcy, any	safe deposit box or	other depository for se	curities,
		No Yes. Fill in the details.					
		me of Financiał Institution dress (Number, Street, City, State and ZIP Code)	Who else had a Address (Number State and ZIP Code)		Describe the content	s Do you have it	
22.	Have	e you stored property in a storage unit	or place other than yo	ur home within 1 y	ear before you filed f	or bankruptcy?	
		No Yes. Fill in the details.					
		me of Storage Facility dress (Number, Street, City, State and ZIP Code)	Who else has o to it? Address (Number State and ZIP Code)		Describe the content	s Do you have it	
Pa 23.	Do y	Identify Property You Hold or Control you hold or control any property that se		clude any property	you borrowed from,	are storing for, or hold	in trust
		No Yes. Fill in the details. rner's Name dress (Number, Street, City, State and ZIP Code)	Where is the pr (Number, Street, City Code)		Describe the property	V	Value
Pa	rt 10:	Give Details About Environmental In	formation				
For	the p	ourpose of Part 10, the following definit	ions apply:		88		
•	toxi regu	rironmental law means any federal, stat c substances, wastes, or material into ulations controlling the cleanup of thes	the air, land, soil, surfa e substances, wastes,	or material.	vater, or other mediu	m, including statutes or	•
	to o	means any location, facility, or proper wn, operate, or utilize it, including disp	osal sites.	-	-	-	
		rardous material means anything an en ardous material, pollutant, contaminan		s as a nazardous (waste, nazardous sui	istance, toxic substanc	е,
Rep	ort a	II notices, releases, and proceedings t	nat you know about, re	gardless of when	they occurred.		
24.	Has	any governmental unit notified you the	at you may be liable or	potentially liable t	under or in violation o	of an environmental law	?
		No Yes. Fill in the details.					
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental Address (Numbe ZIP Code)	unit r, Street, City, State and	Environmental law	w, if you Date o	f notice

	otor 1 otor 2	JOHANNA CARRERAS FIGUERO OSVALDO MOREL GONZALEZ	A		Cas	e number (if known)	19-05336	
5.	Have	you notified any governmental unit of a	any release of ha	azardous material?				
		No Yes. Fill in the details.						
		ne of site Iress (Number, Street, City, State and ZIP Code)	Governme Address (N ZIP Code)	ntal unit lumber, Street, City, State and		Environmental lav know it	, if you	Date of notice
6.	Have	you been a party in any judicial or adm	inistrative proce	eding under any envi	ironm	nental law? Includ	e settlemen	ts and orders.
		No						
		Yes. Fill in the details.						
		e Title se Number	Court or a Name Address (N State and ZIP	lumber, Street, City,	Nat	ure of the case		Status of the case
Par	t 11:	Give Details About Your Business or C	Connections to A	Any Business				
27.	With	in 4 years before you filed for bankrupto	y, did you own	a business or have an	y of	the following con	nections to	any business?
		☐ A sole proprietor or self-employed in	a trade, profes	sion, or other activity,	eithe	er full-time or part	time	
		☐ A member of a limited liability compa	any (LLC) or limi	ited liability partnersh	ip (Ll	LP)		
		☐ A partner in a partnership						
		☐ An officer, director, or managing exe	cutive of a corp	oration				
		☐ An owner of at least 5% of the voting	j or equity secu	ities of a corporation				
		No. None of the above applies. Go to P	art 12.					
		Yes. Check all that apply above and fill	in the details be	low for each busines:	s.			
		siness Name	Describe the na	ture of the business		Employer Identif		
		dress nber, Street, City, State and ZIP Code)	Name of accou	ntant or bookkeeper		Dates business		ity number or ITIN.
28.		nin 2 years before you filed for bankrupto	cy, did you give	a financial statement	to an	yone about your b	usiness? lı	nclude all financial
	-	No.						
		No Yes. Fill in the details below.						
	Nai	ne	Date Issued					
		dress nber, Street, City, State and ZIP Code)						
Pa	rt 12:	Sign Below						
are vitl	true a	ad the answers on this <i>Statement of Fine</i> and correct. I understand that making a funkruptcy case can result in fines up to \$. §§ 152, 1341, 1519, and 3571.	false statement,	concealing property,	or ob	staining money or		
		IANNA CARRERAS FIGUEROA INA CARRERAS FIGUEROA		VALDO MOREL GO LDO MOREL GONZ				
		re of Debtor 1		ure of Debtor 2		-		
Da	te j	February 12, 2020	Date	February 12, 2020)			
	•	attach additional pages to <i>Your Stateme</i>	nt of Financial A	Affairs for Individuals	Filing	g for Bankruptcy (Official Forr	n 107)?
Did	•	pay or agree to pay someone who is not	an attorney to h	elp you fill out bankr	uptcy	forms?		
	Yes. N	Name of Person Attach the Bankrup		parer's Notice, Declarati fairs for Individuals Filin			al Form 119). page
		The transport of the Control of the	20					

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Debtor 1 JOHANNA CARRERAS FIGUEROA Debtor 2 OSVALDO MOREL GONZALEZ

Case number (if known) 19-05336

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 7

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Best Case Bankruptcy

Debtor 1	JOHANNA CARRER	AS FIGUEROA	
Debtor 2 (Spouse, if filing)	OSVALDO MOREL O	GONZALEZ	
United States (Bankruptcy Court for the:	District of Puerto Rico	
Case number	.19-05336		

Check	Check as directed in lines 17 and 21:										
According to the calculations required by this Statement:											
•	Disposable income is not determined under 11 U.S.C. § 1325(b)(3).										
	Disposable income is determined under 11 U.S.C. § 1325(b)(3).										
	3. The commitment period is 3 years.										
	4. The commitment period is 5 years.										

Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1:

Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - ☐ Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

						umn A otor 1	Debt	mn B tor 2 or filing spouse
2.	Your gross wages, salary, tips, bonuses, overtime, a payroll deductions).	ind co	ommissio	ons (before all	\$_	866.67	\$	1,179.00
3.	Alimony and maintenance payments. Do not include Column B is filled in.	paymo	ents from	a spouse if	\$_	0.00	\$	0.00
4.	All amounts from any source which are regularly pa of you or your dependents, including child support. from an unmarried partner, members of your household, and roommates. Do not include payments from a spous- you listed on line 3.	Includ your	le regular depende	contributions nts, parents,	\$_	0.00	\$	0.00
5.	Net income from operating a business, profession, or farm)ebto	r 1					
	Gross receipts (before all deductions)	\$	0.00					
	Ordinary and necessary operating expenses	-\$	0.00					
	Net monthly income from a business, profession, or farm	n \$	0.00	Copy here ->	\$_	0.00	\$	0.00
6.	Net income from rental and other real property	ebto	r 1					
	Gross receipts (before all deductions)	\$	0.00					
	Ordinary and necessary operating expenses	-\$	0.00					
	Net monthly income from rental or other real property	\$	0.00	Copy here ->	\$	0.00	\$	0.00

Official Form 122C-1

.5	0017	ALDO MOREL GONZALEZ				Case numb	er (<i>if known</i>)	19-05336	•	
			1			Column A Debtor 1	1	Column B Debtor 2 non-filing	or	
Inter	est. di	ividends, and royalties				\$	0.00	\$	0.00	
	-	ment compensation				\$	0.00	\$	0.00	-
Do n	ot ente	er the amount if you contend that the Security Act. Instead, list it here:	amount received wa	s a benefit un	der				0,00	•
Fo	r you			0.00						
Fo	r your	spouse	\$	0.00						
bene not in Unite disal pay p does	ifit und notude ed Stat pility, o paid ur not ex	r retirement income. Do not include fer the Social Security Act. Also, excess any compensation, pension, pay, and tes Government in connection with a or death of a member of the uniformed ander chapter 61 of title 10, then included acceded the amount of retired pay to we ander any provision of title 10 other the contraction.	ept as stated in the nonnuity, or allowance particles of sability, combat-reled services. If you recorde that pay only to the would other	ext sentence, raid by the lated injury or eived any retire extent that it wise be entitle	red t	\$	0.00	\$	0.00	
Inco Do n rece dom Unite disal	me front incluived as estic tead of the state of the stat	om all other sources not listed aboute any benefits received under the sa victim of a war crime, a crime agerrorism; or compensation, pension, tes Government in connection with a or death of a member of the uniformer a separate page and put the total be	ove. Specify the source Social Security Act; painst humanity, or inte pay, annuity, or allow disability, combat-reled set services. If necessing	ce and amoun payments ernational or eance paid by lated injury or	the					_
	F	OOD STAMPS				\$	315.00	\$	0.00	
						•	0.00	\$	0.00	_
						J)	U.UU	₽.		
	ulate	otal amounts from separate pages, il your total average monthly incom nn. Then add the total for Column A	e. Add lines 2 through		+	\$ 1,181.67	0.00	1,179.00	0.00	-
each	ulate y colum	your total average monthly incom nn. Then add the total for Column A	e. Add lines 2 through to the total for Columi	n B	_		0.00	\$	0.00	
each	culate y colum	your total average monthly incomn. Then add the total for Column A	e. Add lines 2 through to the total for Column uctions from Incom	n B	_		0.00	\$	0.00	2,360.67
each 2: Cop	Dete	your total average monthly incomn. Then add the total for Column A ermine How to Measure Your Ded	e. Add lines 2 throughto the total for Column uctions from Income	n B	_		0.00	\$	0.00	2,360.67
each	Dete	your total average monthly incomen. Then add the total for Column A ermine How to Measure Your Deduction total average monthly income from the marital adjustment. Check one	e. Add lines 2 throughto the total for Column uctions from Income	n B	_		0.00	\$	0.00	2,360.67
each	Determine y your vulate of You a	your total average monthly incoment. Then add the total for Column A ermine How to Measure Your Ded total average monthly income from the marital adjustment. Check one are not married. Fill in 0 below.	e. Add lines 2 throughto the total for Column uctions from Income	n B. \$_	_		0.00	\$	0.00	2,360.67
each	Determine y your vulate of You a	your total average monthly incomen. Then add the total for Column A ermine How to Measure Your Deduction total average monthly income from the marital adjustment. Check one	e. Add lines 2 throughto the total for Column uctions from Income	n B. \$_	_		0.00	\$	0.00	2,360.67
Cop	Determinate of Youral Youral Fill in	your total average monthly incoment. Then add the total for Column A ermine How to Measure Your Ded total average monthly income from the marital adjustment. Check one are not married. Fill in 0 below.	e. Add lines 2 throughto the total for Column uctions from Income om line 11. with you. Fill in 0 belowing with you. ne 11, Column B, that	e w. t was NOT reg	gula	1,181.67	• \$	\$ 1,179.00	0.00	2,360.67 otal average nonthly income 2,360.67
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Debtor 1 Debtor 2	OSVALDO MOREL GONZALEZ Cas	se number (if known)	19-05336	
	Multiply line 15a by 12 (the number of months in a year).			c 12
15	b. The result is your current monthly income for the year for this part of the form		s _	28,328.04

Debtor 2	OSVALDO MOREL GONZALEZ			Case number (if known) 19-05336					
16. Ca	lculate th	e median family income that applies to y	ou. Follow these step	s:					
168	a. Fill in th	e state in which you live.	PR						
161	b. F i ll in th	e number of people in your household.	4						
160	To find	e median family income for your state and a a list of applicable median income amounts ions for this form. This list may also be avai	s, go online using the l		\$ <u>31,923.00</u>				
17. Ho	w do the	lines compare?		•					
178	a. =	Line 15b is less than or equal to line 16c. C 11 U.S.C. § 1325(b)(3). Go to Part 3 . Do N							
171		Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calcuyour current monthly income from line 14 a	lation of Your Dispo	check box 2, <i>Disposable incon</i> sable Income (Official Form	ne is determined under 11 U.S.C. § 122C-2). On line 39 of that form, copy				
Part 3:	Calcu	ulate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)						
18. Co	py your t	otal average monthly income from line 1	1.		\$\$				
COL	Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.								
198	a. If the m	arital adjustment does not apply, fill in 0 on	line 19a.		-\$0.00				
191	b. Subtra	ct line 19a from line 18.			\$				
20. Ca	lculate ye	Iculate your current monthly income for the year. Follow these steps:							
20:	a. Copy lii	ne 19b			\$\$				
	Multiply	by 12 (the number of months in a year).			x 12				
201	b. The res	sult is your current monthly income for the y	form	\$ 28,328.04					
20	c. Copy th	ne median family income for your state and	n line 16c	s <u>31,923.00</u>					
21	1. How do the lines compare?								
	■ Lii	orm, check box 3, The commitment							
	☐ Lii	ge 1 of this form, check box 4, The							
Part 4:	Sign	Below							
Ву	signing h	ere, under penalty of perjury I declare that t	the information on this	statement and in any attachme	ents is true and correct,				
		NNA CARRERAS FIGUEROA		s/ OSVALDO MOREL GON	A PART OF THE PART				
_		A CARRERAS FIGUEROA of Debtor 1		DSVALDO MOREL GONZA Signature of Debtor 2	ALEZ				
	Date February 12, 2020 MM / DD / YYYY			Pate February 12, 2020 MM / DD / YYYY					
lf y	ou check	ed 17a, do NOT fill out or file Form 122C-2.							

JOHANNA CARRERAS FIGUEROA

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Case number (if known)

19-05336

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 03/01/2019 to 08/31/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employer: HIMA SAN PABLO

Constant income of \$866.67 per month.*

Line 10 - Income from all other sources

Source of Income: FOOD STAMPS
Constant income of \$315.00 per month.*

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Case number (if known)

19-05336

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 03/01/2019 to 08/31/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employer: AEELA Constant income of \$1,179.00 per month.

Debtor 1 Debtor 2	JOHANNA CARRER OSVALDO MOREL (Case number (if known)	19-05336		
*Paych	eck Details:					
HIMA S	AN PABLO					
	Date	Earnings	Overtime	Taxes	Other	Net Check
	2019-03-15	100.00	0.00	7.65	0.30	92.05
	2019-03-29	- 400.00	0.00	30.60	1.20	368.20
	2019-04-12	600.00	0.00	54.25	1.80	543.95
	2019-04-26	800.00	0.00	83.55	2.40	714.05
	2019-05-10	200.00	0.00	15.30	0.60	184.10
	2019-05-24	200.00	0.00	15.30	0.60	184.10
	2019-06-07	800.00	0.00	83.55	2.40	714.05
	2019-06-21	200.00	0.00	15.30	0.60	184.10
	2019-07-05	200.00	0.00	15.30	0.60	184.10
	2019-07-19	1,400.00	0.00	192.72	4.20	1,203.08
	2019-08-16	100.00	0.00	7.65	0.30	92.05
	2019-08-30	200.00	0.00	15.30	0.60	184.10
	Totals:	5,200.00	0.00	536.47	15.60	4,647.93
AEELA						
	Date	Earnings	Overtime	Taxes	Other	Net Check
	Salary X12	589.50	0.00	45.10	110.35	434.05
	Totals:	589.50	0.00	45.10	110.35	434.05

JOHANNA CARRERAS FIGUEROA

URB OLYMPIC VILLE

BUZON 153

LAS PIEDRAS, PR 00771

KINUM INC

770 LYNNHAVEN PKWY

SUITE 160

VIRGINIA BEACH, VA 23452

OSVALDO MOREL GONZALEZ

URB OLYMPIC VILLE

BUZON 153

LAS PIEDRAS, PR 00771

MIDLAND CREDIT MANAGEMENT INC 2365 NORTHSIDE DRIVE SUITE 300

SAN DIEGO, CA 92108

ADELA L TORRUELLA

PENTAGON FEDERAL CREDIT UNION

ADELA TORRUELLA LAW OFFICES PSC BOX 1432

PO BOX 4040

ALEXANDRIA, VA 22313-2032

SUITE 305

JUNCOS, PR 00777

AEELA

PO BOX 364508

SAN JUAN, PR 00936-4508

SCOTIABANK

PO BOX 362230

SAN JUAN, PR 00936

BANCO SANTANDER

PO BOX 362589

SAN JUAN, PR 00936

TOYS R US/SYNCHRONY BANK

PO BOX 965060

ORLANDO, FL 32896-5060

BPPR
BANKRUPTCY DEPARTMENT
PO BOX 366818

SAN JUAN, PR 00936-6818

CICA COLLECTION AGENCY, INC

PO BOX 12338

SAN JUAN, PR 00914-0338

CRIM

PO BOX 195387

SAN JUAN, PR 00919-5387

HOSPITAL ORIENTE INC

PO BOX 699

HUMACAO, PR 00792